

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE FORM

4835-4247 10/94

CSJ-247A

Date Received at Step I

6/16/17

Grievance Identifier:

SMT1706007246**Be brief and concise in describing your grievance issue.** If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library.

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
<u>Carl Roman</u>	<u>250050</u>	<u>Smt</u>	<u>33-3-A</u>	<u>6-13-17</u>	<u>6-15-17</u>

What attempt did you make to resolve this issue prior to writing this grievance? On what date? 6-10-17
If none, explain why. None, response from Healthcare perm. toA grievance to be written

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used. Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130.

On 6-10-17, I wrote a healthcare kile requesting dental care. In specific, that my teeth get cleaned. On 6-13-17, I got response from Healthcare denying me dental care saying I need to be in prison for 2 yrs before I can get dental care. This is an unhealthy practice, and also unethical.

Carl Roman
Grievant's SignatureRESPONSE (Grievant Interviewed?) ☐ Yes ☒ No If No, give explanation. If resolved, explain resolution.)Grievance about MDOC Policy (P.D. 04.06.150).Dan Allen
Respondent's Signature6/23/17
DateLA Koz
Reviewer's Signature6/7/17
DateDan Allen
Respondent's Name (Print)DOC
Working TitleAK Koz
Reviewer's Name (Print)DW
Working TitleDate Returned to
Grievant: 7-10-17If resolved at Step I, Grievant sign here.
Resolution must be described above.Carl Roman
Grievant's Signature7-10-17
Date

DISTRIBUTION: White, Green, Canary, Pink — Process to Step One

Exhibit 2 - Roman's Grievance

Michigan Department of Corrections
GRIEVANCE REJECTION LETTER

DATE: 7/7/17

TO: ROMAN

LOCATION: SMT 33-3-A

FROM: Grievance Coordinator: Chris Whitford FOR STEP I

SUBJECT: Receipt/Rejection for step I grievance.

Your step I grievance was received in this office on 7-7-17 and was rejected for the following reason. **The content of policy or procedure is non-grievable.**

PD. 04.06.150 States in part L. L. Routine dental services shall be available at all correctional facilities except reception facilities. However, routine dental services shall not be provided to offenders in the Special Alternative Incarceration Program and may be denied to any offender who may be released from incarceration (e.g., parole or discharge) within one year. Offenders are eligible for routine dental services after 24 months from the first day of intake. Only the following routine dental services shall be provided by the Department in correctional facilities:

1. Minor oral surgery, including extraction of teeth beyond repair. Surgical cases beyond the scope of Department Dentists shall be referred to the appropriate specialists.
2. Restorative services which includes amalgam and composite materials.
3. Teeth cleaning provided by a Dentist or Dental Hygienist, when determined necessary by the examining Dentist.
4. Prosthetic services as determined by the Dentist. The DAB shall establish criteria for the provision of these services.

If you have a concern with the content of a policy or procedure, you may direct comments to the Warden's Forum as provided in PD 04.01.150 "Prisoner Housing Unit Representatives/Warden's Forum." If you have any questions, consult PD 03.02.130 "Prisoner/Parolee Grievances" which is available in the institutional library. Grievance is rejected at step I.

Any future references to this grievance should utilize this identifier: **SMT 17-06-726-27B**

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE APPEAL FORM

4835-4248 5/09
 CSJ-2478

Date Received by Grievance Coordinator
 at Step II: _____

Grievance Identifier: SM11 1706007260229

INSTRUCTIONS: THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE.

The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (if the white copy has not been provided with a Step I response in a timely manner) **MUST** be attached to the white copy of this form if you appeal it at both Step II and Step III.

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to: Cor. O by 7/15. If it is not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

Name (Print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
ROMAN	250088	CMT	372A		

STEP II — Reason for Appeal

My teeth need cleaning now. In two years I may develop gum disease because my teeth were not cleaned. My teeth are chipping off because I am not receiving dental care. I am already at risk of gum disease because I have an immune disease already. This is why it is important that I get my teeth cleaned because of the immune disease I have and am managing.

STEP II — Response

Date Received by
 Step II Respondent:

Melinda Roman
 Respondent's Name (Print)

Melinda Roman
 Respondent's Signature

7/14/17
 Date

Date Returned to
 Grievant:

7/18/17

STEP III — Reason for Appeal

I'm in serious need of Dental Care, due to my health condition. My concerns and needs were not resolved in step one or step two.

NOTE: Only a copy of this appeal and the response will be returned to you.

STEP III — Director's Response is attached as a separate sheet.

DISTRIBUTION: White — Process to Step III; Green, Copy to Risk; Yellow, Process to Step II; Gold, Return to Grievant

Roman's Dental, kites & responses, grievance 9

Step II Prisoner/Parolee Grievance Response

Prisoner Name: Roman **Prisoner Number:** 250050
Grievance Identifier Code: SMT-2017-06-00726-27B

STEP-I FINDINGS

The grievance was rejected at Step I, the content of policy or procedure is non-grievable. Per PD 03.03.105 a prisoner is not entitled to a Hearing Investigator for a Class II misconduct.

If you have a concern with the content of a policy or procedure, you may direct comments to the Warden's Forum as provided in PD 04.01.150 "Prisoner Housing Unit Representatives/Warden's Forum". If you have any questions, consult PD 03.02.130 "Prisoner/ Parolee Grievances" which is available in the institutional library. Grievance is rejected at Step I.

FINDINGS

The Step I rejection has been reviewed by the Warden's Office in accordance with PD 03.02.130 "Prisoner/Parolee Grievances" and the REJECTION IS UPHELD AT STEP II.

Signed: Melinda Braman Date: 7/13/2017
Melinda Braman, Warden



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF CORRECTIONS
LANSING

HEIDI E. WASHINGTON
DIRECTOR

STEP III GRIEVANCE DECISION

91806

27B

To Prisoner: Roman #: 250050

Current Facility: SMT

Grievance ID #: SMT-17-06-0726-27B

Step III Received: 8/8/2017

Your Step III appeal has been reviewed and considered by the Grievance Section of the Office of Legal Affairs in accordance with PD 03.02.130, "Prisoner/Parolee Grievances".

THE REJECTION IS UPHELD.

THIS DECISION CANNOT BE APPEALED WITHIN THE DEPARTMENT.

Richard D. Russell, Manager Grievance
Section, Office of Legal Affairs

Date Mailed: AUG 31 2017

cc: Warden, Filing Facility: SMT